

Name  
in  
Full

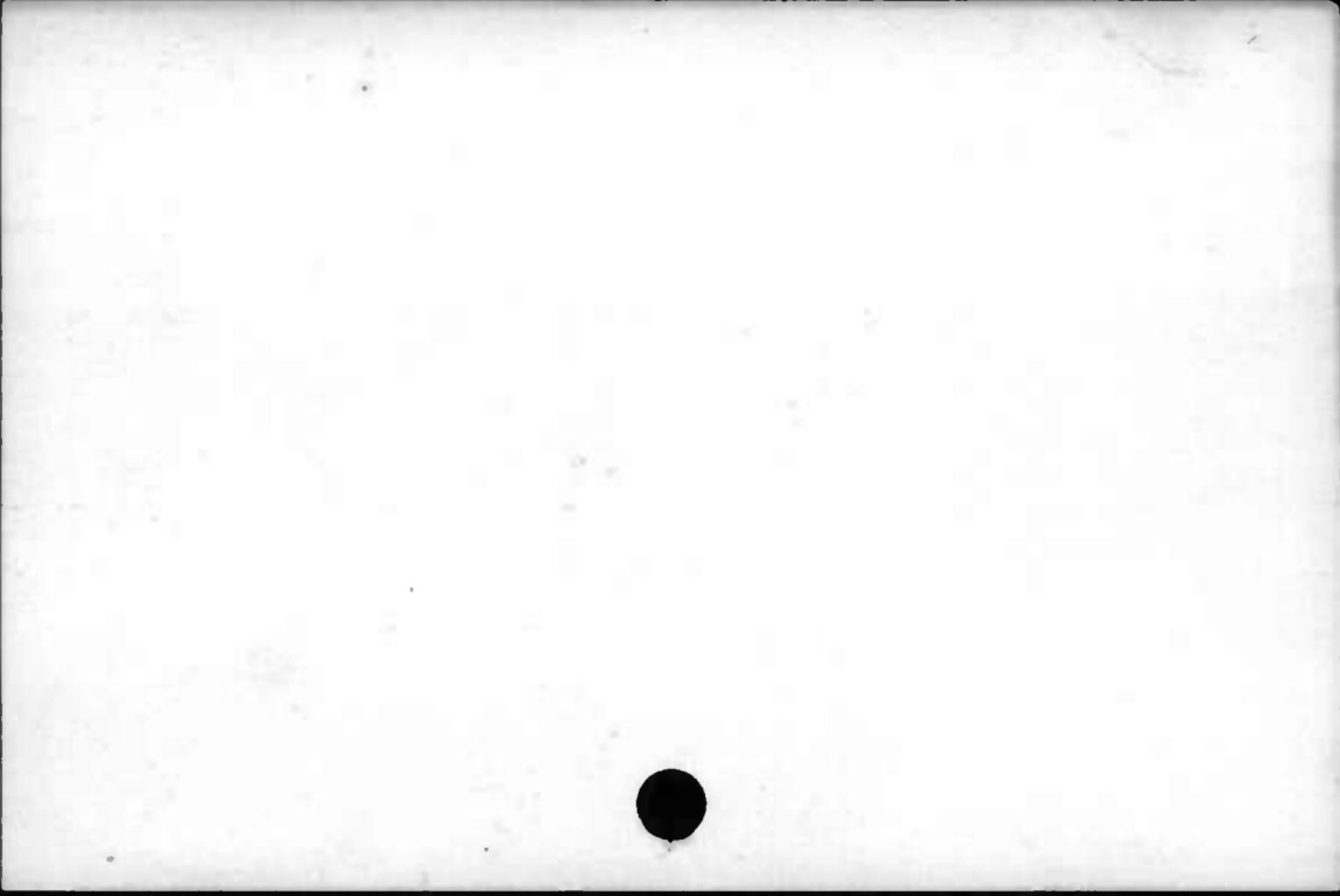
TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Blake (Not named)				CERTIFICATE OF DEATH		
Died at	Morion	Town	Somerset	County	MARYLAND	
Date of death	1906 June	Month	16	Day	Years	Months
Sex	Female	Color or Race	Black	Birth-place	Morion Md	
Occupation	Servant	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	John Blake			One	Father's Birthplace	Morion Md
Mother's Maiden Name	Lizzie Bird				Mother's Birthplace	" "
Name of person giving Information	John Blake			How related to deceased	Father	
CAUSES OF DEATH						

• PHYSICIAN  
OR CORONER

Primary	6 mos. child	(151)	How long
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>B. B. Bell</i>
		Address	<i>Marietta, Ohio</i>
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Eunice Corbin

## CERTIFICATE OF DEATH

Died at Princess Lane		Town	County		MARYLAND	
Date of death	1906	Month June	Day 3	Years 24 (?)	Months	Days
Sex	Female	Color or Race	Black		Birth-place	Md.
Occupation	Housework		Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		Father's Birthplace	Md.
Father's Name	John Corbin		—		Mother's Birthplace	Md.
Mother's Maiden Name	? —		—		How related to deceased	none
Name of person giving Information	Levi Russell		—		How long	About 6 mos

## CAUSES OF DEATH

Primary Tubercular Peritonitis 29 How long about 6 mos  
 Immediate Intestinal Haemorrhage How long two hours.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

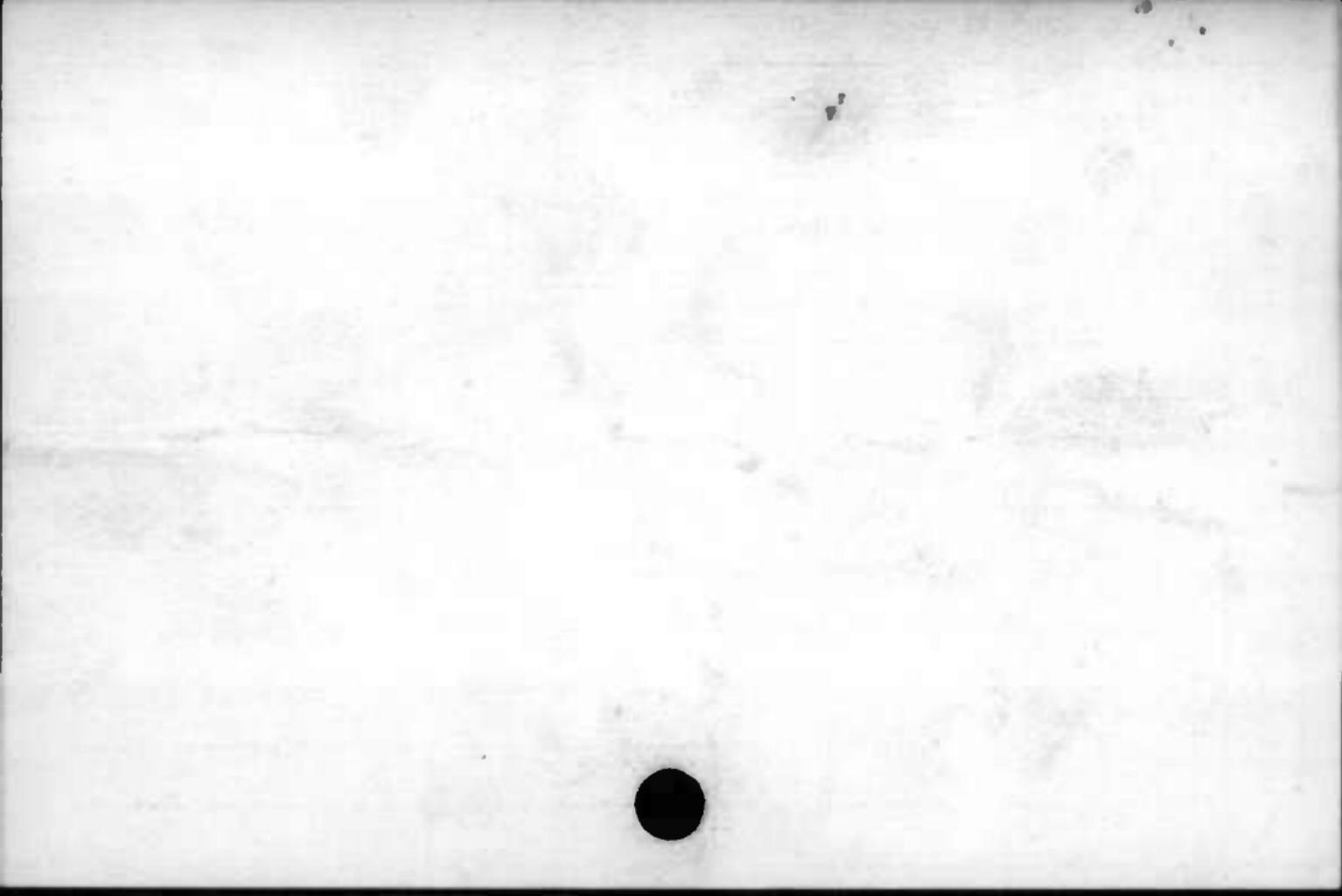
Ghost Fisher M.D.

Address

Princess Lane

Md

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
MARYLAND					
<p>Solomon Cottman</p>					
Town Died at Pointers Anne Somerset	County				
Date of death 1906 June	Month	Day 13	Age 93	Years	Months Days
Sex Male	Color or Race Colored	Birth-place Somerset Co			
Occupation	Where Residing if not at place of death				
Married, Single <del>Widowed.</del> Single	Name of Wife or Husband Sandy Cottman				
Father's Name	Father's Birthplace Somerset				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased Brother				
CAUSES OF DEATH					
Primary Old Age	How long 154				
Immediate <del>W.W. in allusion</del>	How long				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
	Address				
Accident or Suicide?	✓				



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County				
Date of death	1906	Month June	Day 26	Years Age 49	Months 1	Days 14	
Sex	Males	Color or Race	Colored	Birth-place	Westover Md		
Occupation	School teacher		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	George Curtis		Father's Birthplace	Westover Md			
Mother's Maiden Name	Maria Weston		Mother's Birthplace	Westover Md			
Name of person giving Information	Maria Curtis		How related to deceased	Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aprophyxy

(64)

How long

11 Days

Immediate

" yes

How long

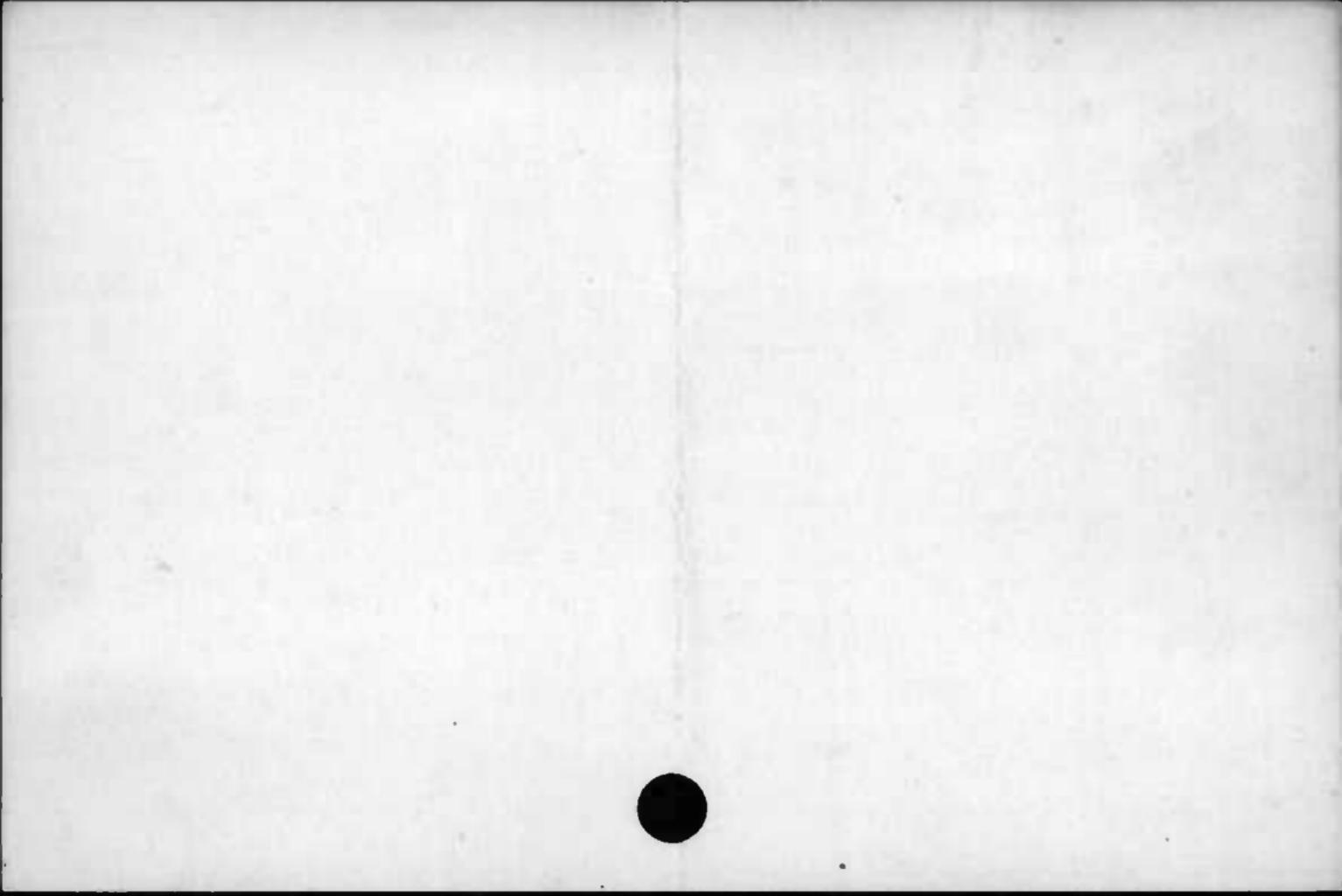
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G.E. Dickinson  
Upper Fairmount  
Md.

Accident or Suicide?



Name  
in  
Full

Milky Fields

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Kingston	Somerset				
Date of death	Month	Day	Years	Months	Days	
1906	6	23	81	—	—	
Sex	Female	Color or Race	Colored	Birth-place	Worcester Co	
Occupation	Nathin	Where Residing if not at place of death		—		
Married, Single ♦ Widowed	Name of Wife or Husband	John Fields				
Father's Name	Joshua Stokley	Father's Birthplace	Worcester Co			
Mother's Maiden Name	Millie Dennis	Mother's Birthplace	" "			
Name of person giving information	Littleton Fields	How related to deceased	Son			

CAUSES OF DEATH

Primary

Genus debility

(154)

How long

4 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Littleton Fields (Son)

Address

Kingston

Accident or Suicide?

No physician in attendance) MD



Name  
in  
Full

John H. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Died at <i>Fairmount</i>	Somerset					
Date of death <i>1906</i>	Month <i>June</i>	Day <i>2nd.</i>	Age <i>82</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>_____</i>					
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>_____</i>					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Valvular Disease of Heart*

How long

*About a year*

Immediate

Are the name, age, sex, color, date and place correctly given above?

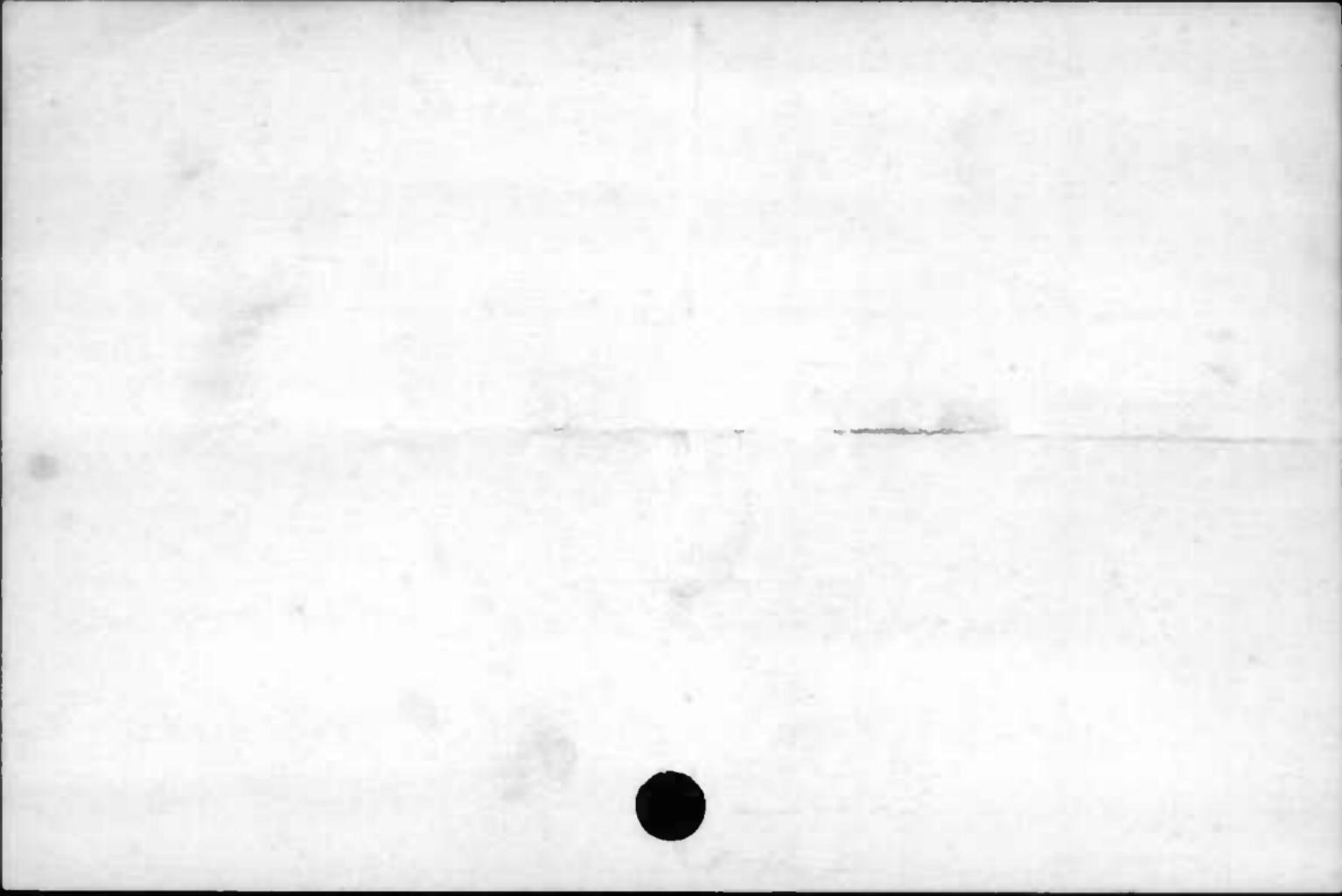
*Yes*

Signature of Physician

Address

*G. E. Dickinson*  
*Upper Fairmount*  
*Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Boston Station</u>		Town <u>Boston</u> County <u>Sussex</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>16</u>	Years <u>—</u>	Months <u>1</u>	Days <u>15</u>	
Sex <u>Female</u>	Color or Race <u>White</u>					Birthplace
Occupation <u>Hairdresser</u>	Where Residing if not at place of death <u>Byrth's Landing</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Byrth's Landing</u>					
Father's Name	Father's Birthplace <u>Boston</u>					
Mother's Maiden Name	Mother's Birthplace <u>Boston</u>					
Name of person giving Information <u>Maria Miles</u>	How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>179</u>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Annie Gorley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Henry Gorley	
Father's Name	John Robson	Father's Birthplace	Costew Station
Mother's Maiden Name	Easter Williams	Mother's Birthplace	Glen Hill
Name of person giving information	Henry Gorley	How related to deceased	Husband

CAUSES OF DEATH

Primary	Dropsey, Am. <sup>with</sup> Dextrom, <sup>and</sup> Heartai	How long	11 months
Immediate	Heart Failure	How long	30+ days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes,	Signature of Physician	F. W. Eccle M.D.
		Address	Westover Md
Accident or Suicide?	✓		



Name  
in  
Full

Lizzie Hall

Town

Died at Library

County

Somerset

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Date  
of death 1906 June

Month

Day

Years

Months

Days

Age 96-

Sex Female

Color or  
Race

Negro

Birth-  
place

Fairmount

Occupation

Where Residing if not  
at place of death

Seining

Married, Single,  
or Widowed Widowed

Name of Wife or  
Husband

Lizzie Hall

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

R. H. Boggs

Her Pastor

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age

How long

—

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

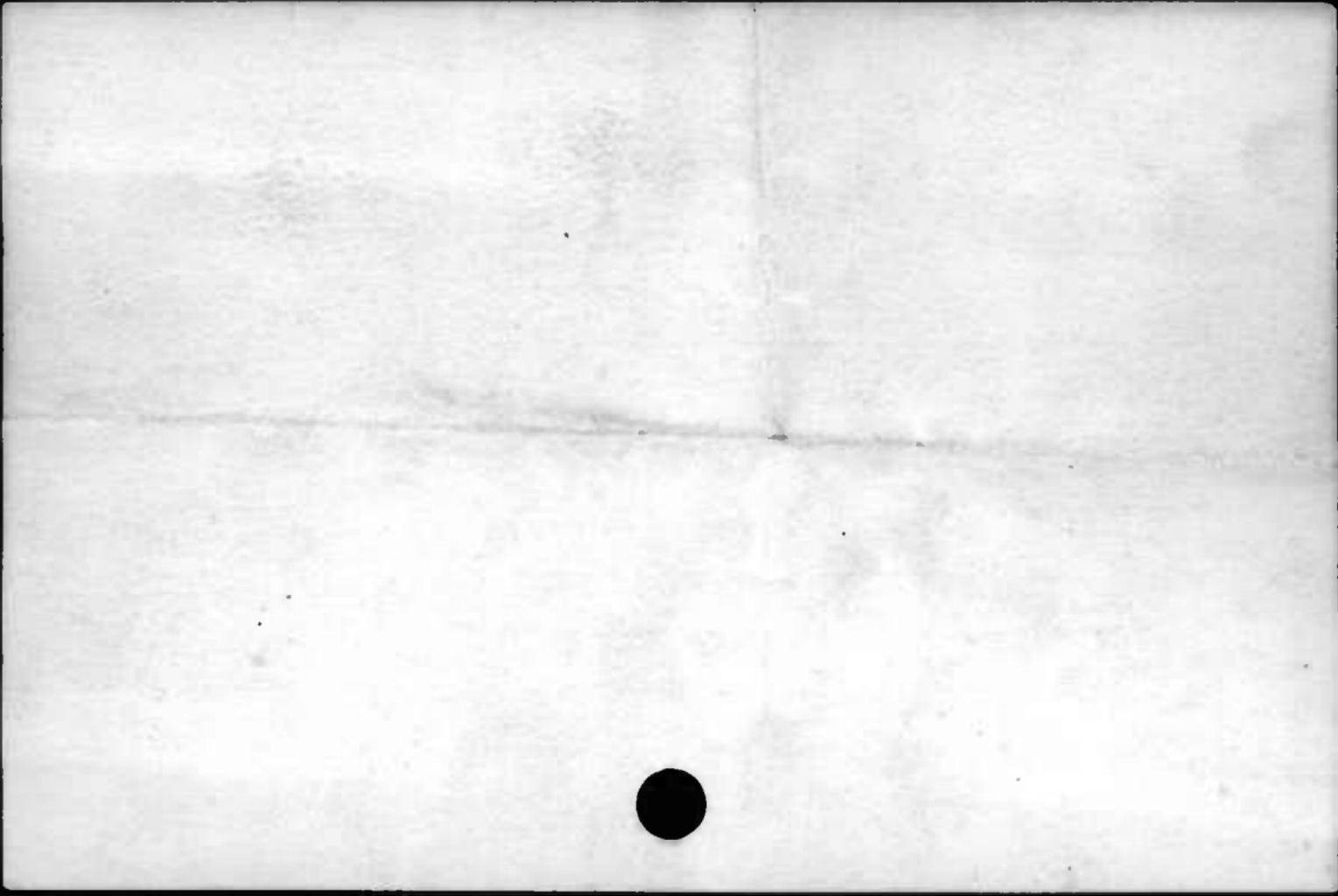
Signature of  
Physician

R. H. Boggs

Fairmount

Address

Accident or Suicide?



Name  
in  
Full

Emma M. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Black	Birth-place	Deals Island		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John W. Harris					Father's Birthplace	Deals Island
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	John W. Harris (34)					How related to deceased	Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

General Tuckersalosis (Probably)

How long

6 mos.

Immediate

Caethemias

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. G. Alexander  
Baltimore Co.

Accident or Suicide?



Name

In  
Full

TO BE ANSWERED BY

NEAREST FRIEND

Human Storsey.

## CERTIFICATE OF DEATH

Died at	Town	Rehoboth	County	Somerset	
Date of death 1906	Month	June	Day	18	Years
Sex	Age	Male	Color or Race	Dark	Months
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ira. Harry				
Mother's Maiden Name	Leonard Whittington				
Name of person giving information	Ira Harry				
	Father's Birthplace Rehoboth				
	Mother's Birthplace Rehoboth.				
	How related to deceased Father.				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inflammation Stomach

How long

1 year

Immediate

Pharyngeal Enlargement

How long

Months.

Are the name, age, sex, color, date and place correctly given above?

Yes.

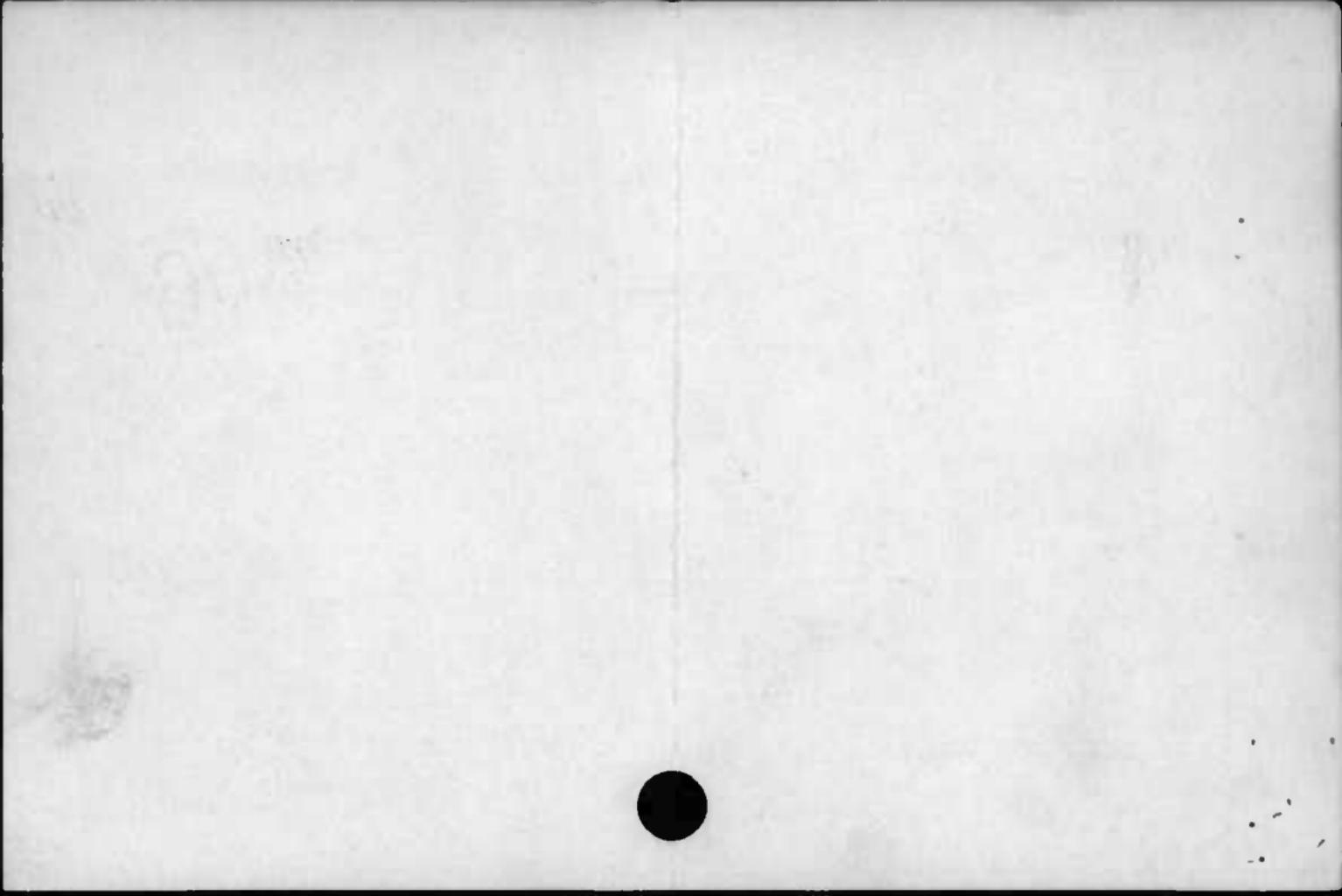
Signature of Physician

J. H. Ede M.D.

Address

Westover Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Princess Anne Jones

Date  
of death 1906

Month

Day

Years

Months

Days

June

9

54

7

13

Age

MARYLAND

Sex

Female

Color or  
Race

White

Birth-  
place

Georgetown

Occupation

Nothing

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Laynell R. Jones

Father's  
Name

Henry P. Barker

Father's  
BirthplaceMother's  
Maiden Name

Rachel H. Spicer

Mother's  
BirthplaceName of person giving  
Information

Rachel B. Ross

How related  
to deceased

Primary

Heart failure

## CAUSES OF DEATH

179

How long

an hour

How long

Immediate

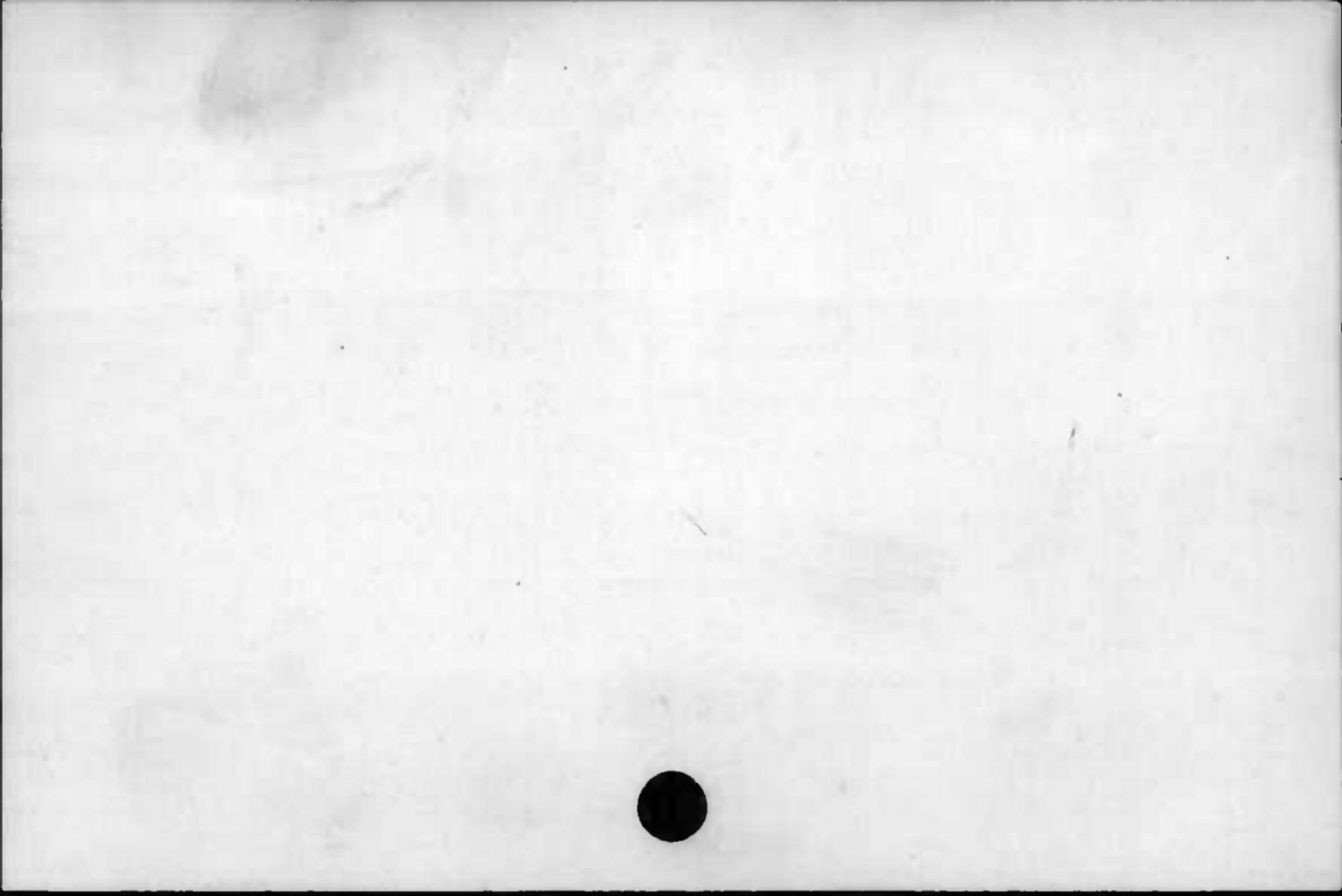
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

D. J. Smith  
Pratt and

Accident or Suicide?

PHYSICIAN  
OR CORONER



Edward Sidney Kersey.

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

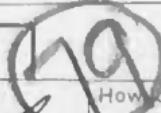
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sarah Kersey			
Father's Name	George Kersey				
Mother's Maiden Name	Sarah Gandy				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Valvula dorsiaphant &amp; year



How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yrs

Signature of Physician

Address

W. S. Hall  
Girfield Md

Accident or Suicide?



Name  
in  
Full

William S. Jessick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation			Birth-place		
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace		
Father's Name	Ethan B. Jessick		and		
Mother's Maiden Name	Elszora J. Smith		Mother's Birthplace		
Name of person giving information	E. S. Messick		How related to deceased		

## CAUSES OF DEATH

Typhoid fever  
Dystenia

How long

2 1/2 weeks.

How long

5 days.

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

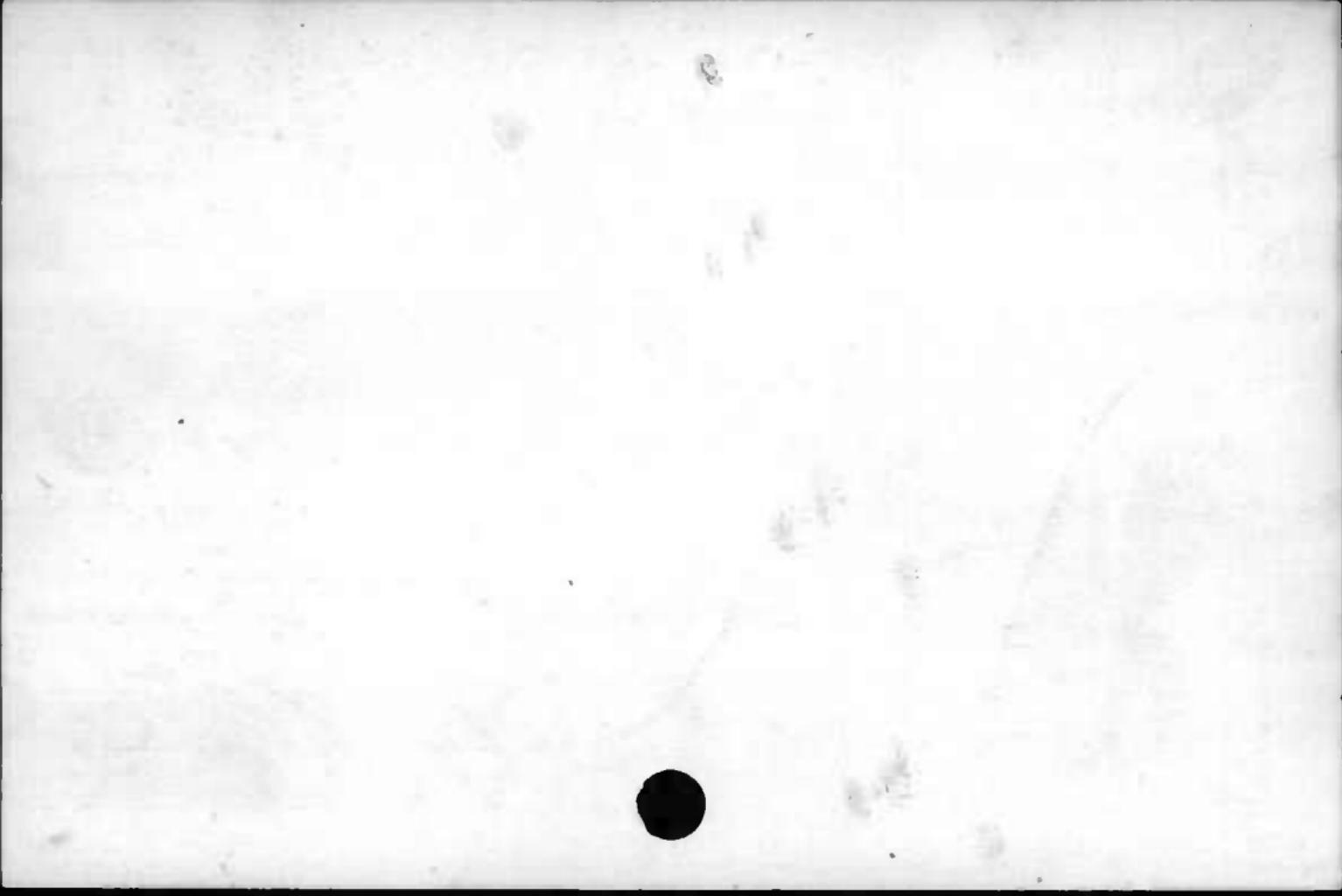
Signature of Physician

Address

S. G. Alexander  
Somerset Co.  
Md.

Yes -

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at	Lawsonia		Town	Milburn	County	Somerset		MARYLAND
Date of death	1906	Month June	Day 28	Age 25	Years	Months 0	Days 2	
Sex	Male	Color or Race	White	Birth-place	Lawsonia			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	~		Name of Wife or Husband	~				
Father's Name	Hubbard Milburn				Father's Birthplace	Lawsonia		
Mother's Maiden Name	Pearle Lawson				Mother's Birthplace	Lawsonia		
Name of person giving information	"		"	How related to deceased		Mother		

CAUSES OF DEATH

Primary Premature Birth

How long ~

(15)

Immediate asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

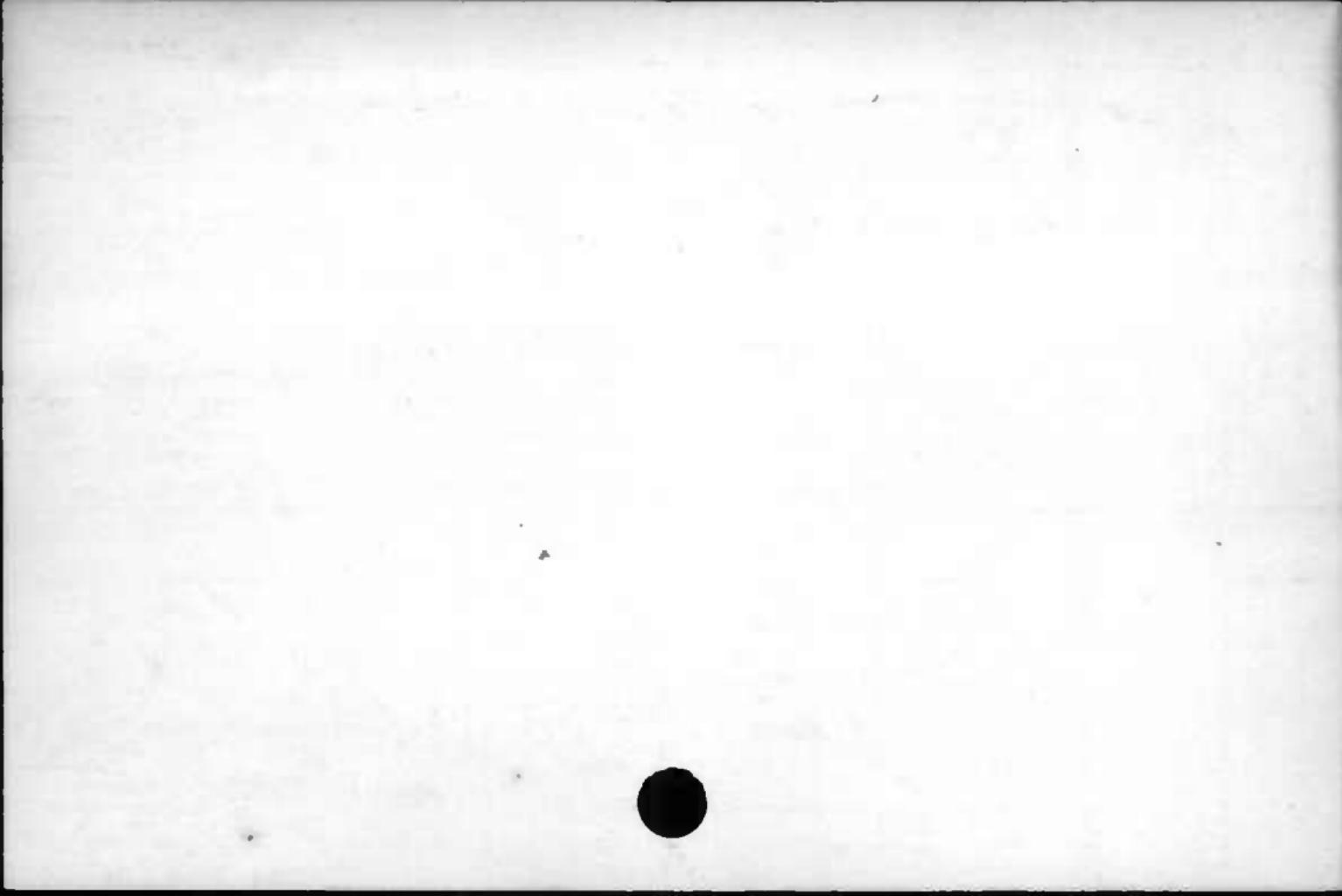
yes

Signature of Physician

Address

Wm. Coulbourne  
Cusfield Rd

Accident or Suicide?



Name  
In  
Full

Lewis B Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation				
Married, Separated, or Widowed	Name of Wife or Husband			
Father's Name	Sonnie Miles	Father's Birthplace	Fairmount	
Mother's Maiden Name	Saciee Scobey	Mother's Birthplace	Snow Hill	
Name of person giving Information	Waclin Miles	How related to deceased	Son	

CAUSES OF DEATH

Primary	General debility	(54)	How long	social work
Immediate	—	—	How long	—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr E.S. Miles  
Fairmount  
Somerset Co. Md.

Accident or Suicide?



Mr. Wesley, Tandour  
Tandoursvilee  
Smyrna Co., N.C.

Name  
in  
Full

Margaret J. Price

CERTIFICATE OF DEATH

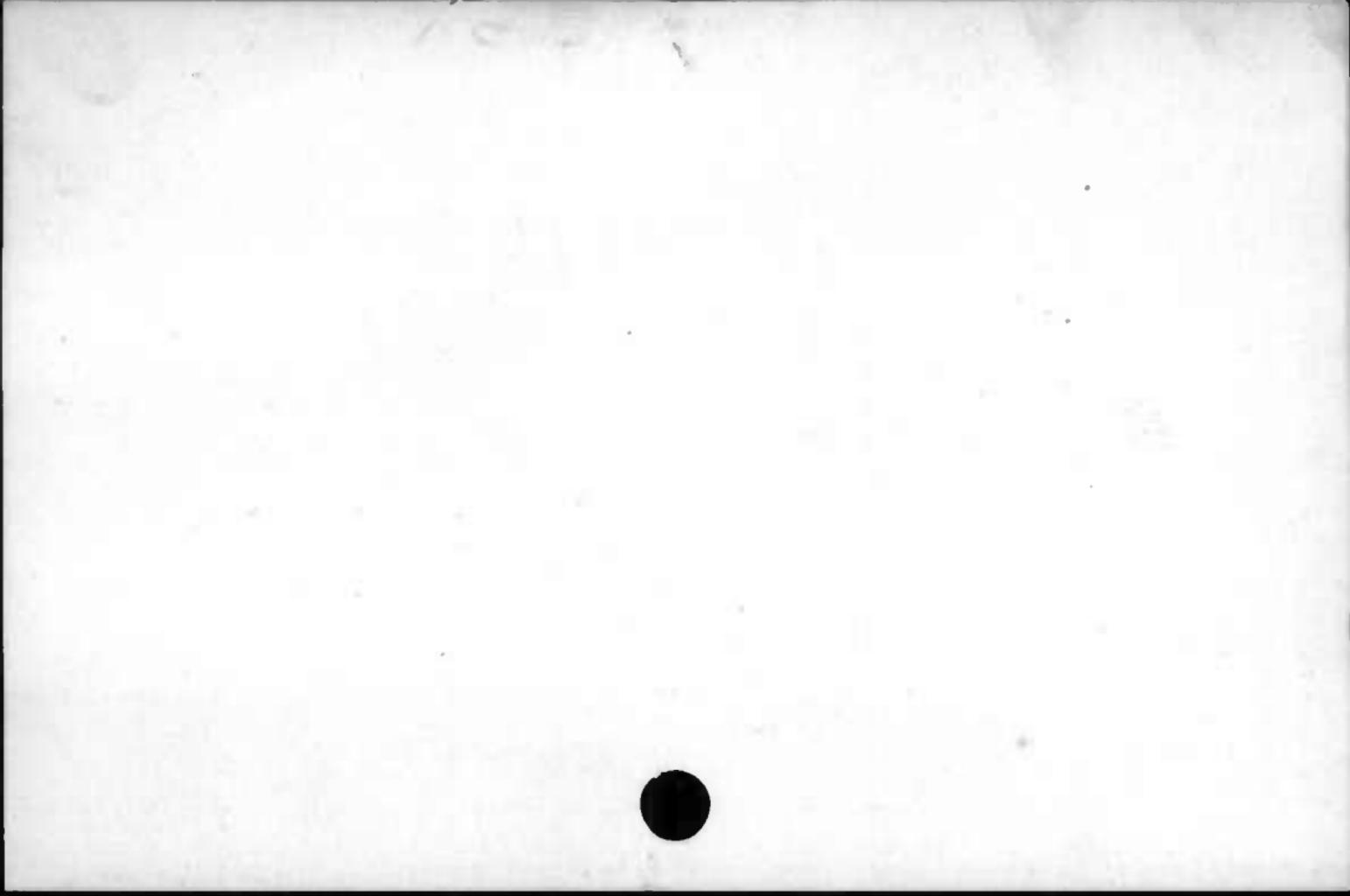
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month June	Day 27	Age 64	Years	Months - Days -
Sex Female	Color or Race colored	Birth- place Som. C.			
Married, Single or Widowed	Occupation Housewife				
Name of Wife or Husband	Major Price				
Father's Name	Stephen Jones				
Mother's Maiden Name	Grace Rose				
Name of person giving Information	Major Price				
Father's Birthplace Som. C.					
Mother's Birthplace Som. C.					
How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	apoplexy	(64)	How long 1 day
Immediate	Convulsions		How long -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. J. Windom, M.D.	
		Address	Dalmar Inn Somerset C. and.
Accident or Suicide?		No ✓	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Howard Simpkins				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	—	Birth-place	—	
Occupation	Where Residing If not at place of death					
Married; Single or Widowed	Name of Wife or Husband					
Father's Name	Thomas Simpkins					
Mother's Maiden Name	Estell, Theobus					
Name of person giving Information	Thomas Simpkins					

CAUSES OF DEATH

Primary

Lockjaw

72

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

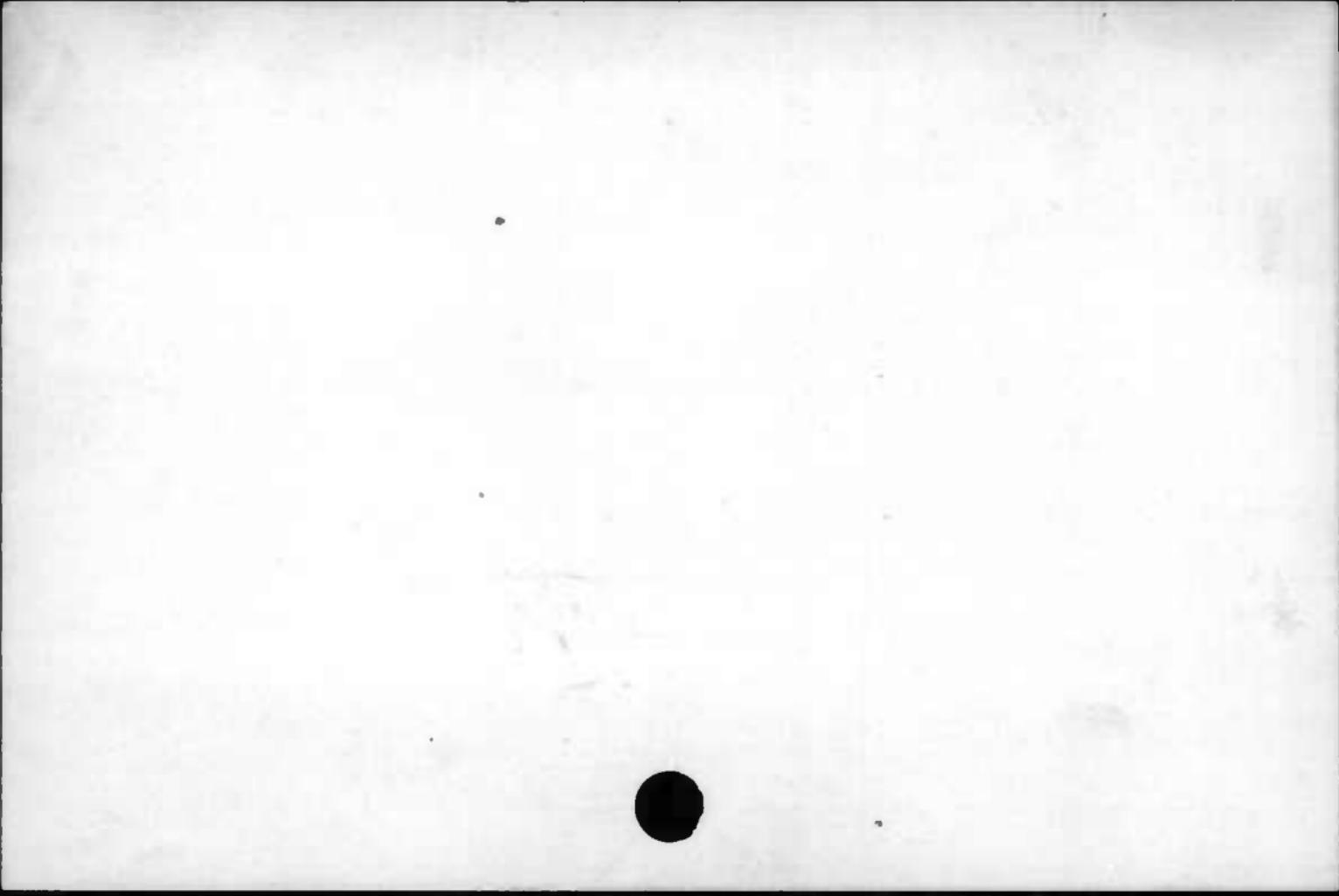
Yes

Signature of Physician

Address

Accident or Suicide?

Thomas Simpkins Father



Name  
in  
Full

Kathleen Stevenson

CERTIFICATE OF DEATH

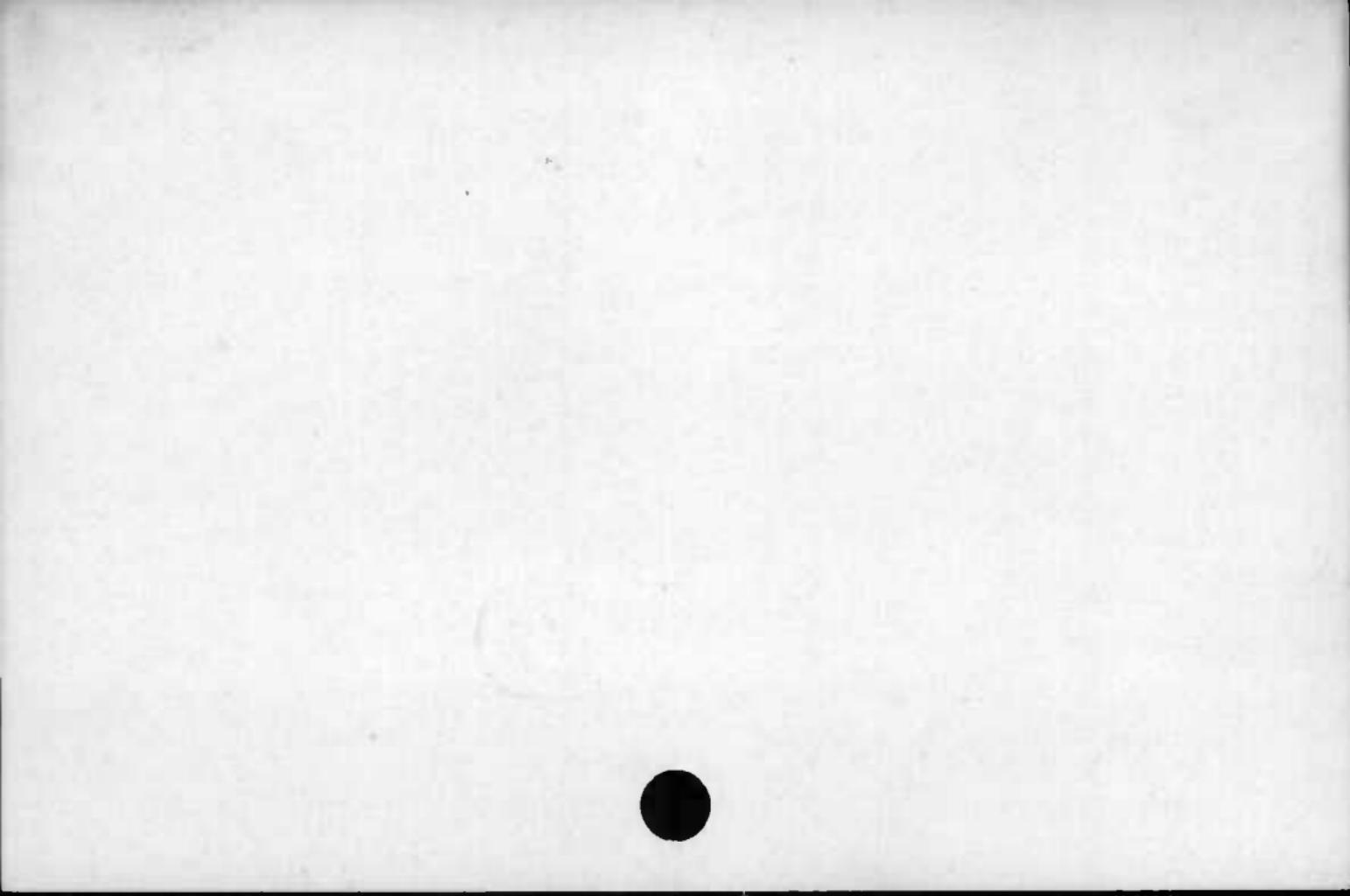
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Dorfield		County	Somerset	
Date of death	1906	Month June	Day 12	Years 2	Months 6 Days
Sex	Female		Color or Race	White	
Occupation	nurse		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Wm. E. Stevenson		Father's Birthplace	Highwell Md	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery Exhaustion		(14)	How long	10 days
Immediate				How long	—
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	N. F. Noel
			Address	Dorfield Md	
Accident or Suicide?					



Name  
in  
Full

Charles Curtis Sudler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Weston		Town		County		MARYLAND	
Date of death	1906 June	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place			
Occupation	Assistant postman			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Wm J. Sudler			Father's Birthplace	Somerset, C. Md.		
Mother's Maiden Name	Amelia Upshur Sudler			Mother's Birthplace	Somerset C. Md.		
Name of person giving information	Ladys Sudler			How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tubercular peritonitis

29

How long

1 year

Immediate

Exsanguination & starvation

How long

Forward

Are the name, age, sex, color, date and place correctly given above?

Yes

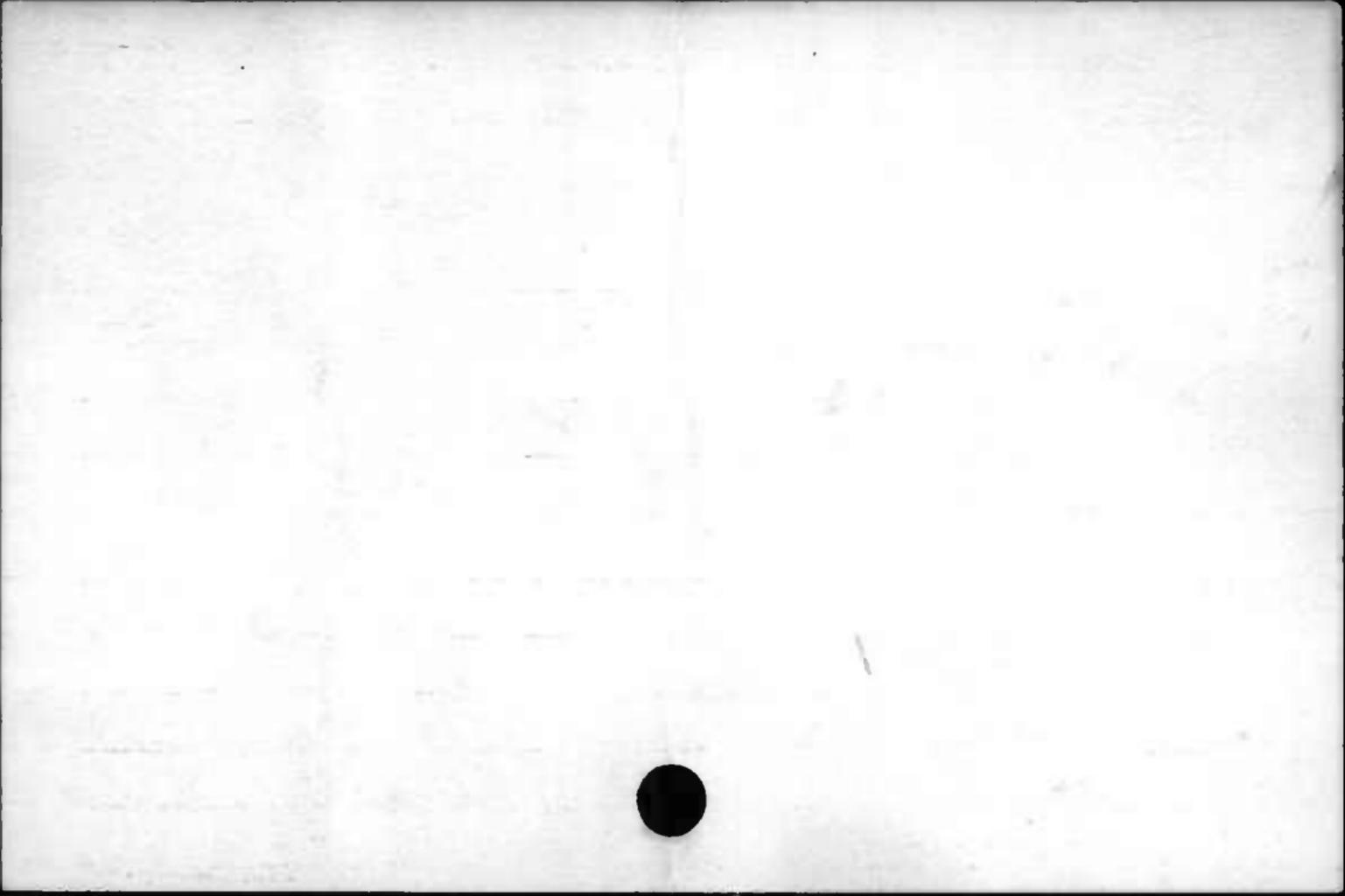
Signature of Physician

Address

Dr. G. W. Drish  
Salisbury, Md.

Accident or Suicide?

No



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Hambleton Walter

Town  
Deals Island

County  
Somerset

MARYLAND

Died at Date of death 1906 Month June Day 30th Age 68 Years Months Days

Sex Male

Color or Race

white

Birth-place

Som. Co.

Occupation

Oyster man

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Melissa Webster

Father's Name

—

Father's Birthplace

—

Mother's Maiden Name

—

Mother's Birthplace

—

Name of person giving  
Information

Perry Walter

(85)

Son

## CAUSES OF DEATH

Primary

Purpura haemorrhagica

How long

2 weeks

Immediate

Ex haemorrhage

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

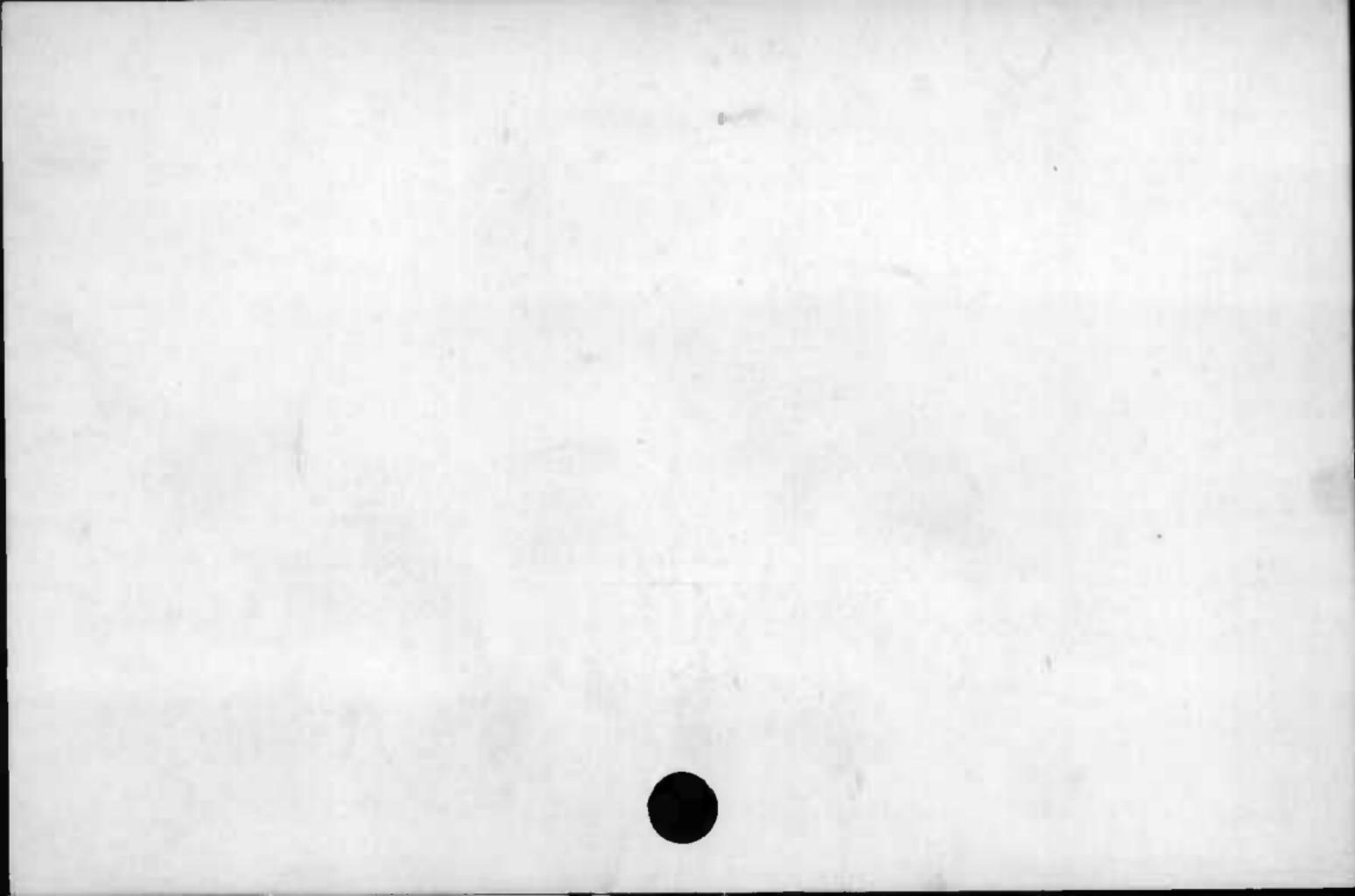
Address

J. J. Windsor, M.D.  
8 Blue Sycamore  
Somerset Co., Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No.



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

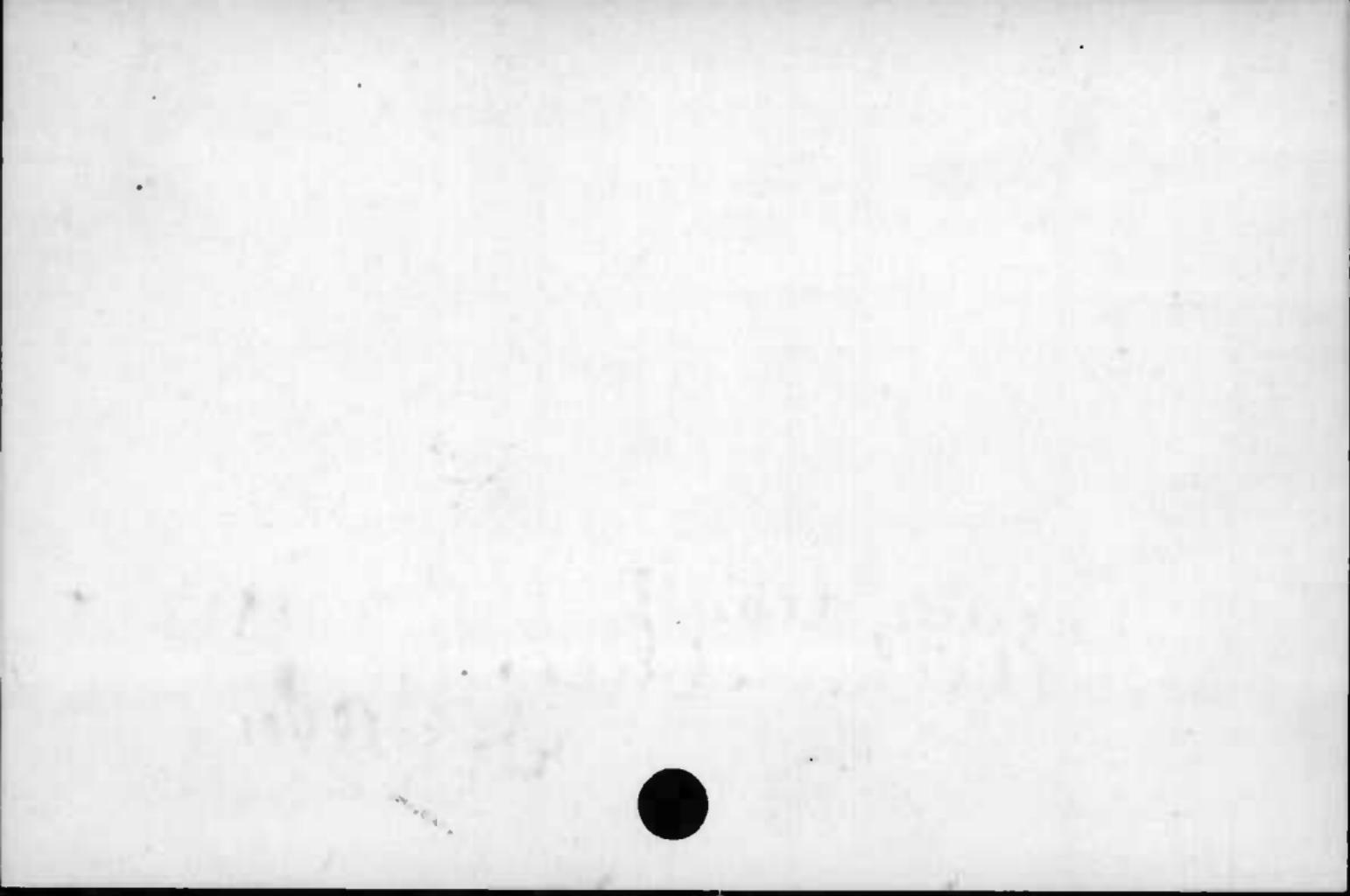
Died at <u>Deals Island</u>		County <u>Somerset</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>Jun</u>	Day <u>14</u>	Age <u>70</u>	Years	Months <u>-</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Rock Creek</u>			
Occupation <u>House work</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>J. J. Webster</u>				
Father's Name <u>Noah Kelley</u>	Father's Birthplace				
Mother's Maiden Name <u>Elizabeth Daniel</u>	Mother's Birthplace <u>Deals Island</u>				
Name of person giving information	How related to deceased				

(Handed in here) -

## CAUSES OF DEATH

154

Primary <u>Senile debility</u>	How long <u>1 Month</u>
Immediate <u>Asthma (Heart)</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	
Signature of Physician <u>H. P. Alexander</u> Address <u>Somerset Co.</u>	
Accident or Suicide? <u>None</u>	



Name  
in  
Full

George Thomas Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Grisfield

County

Somerset

MARYLAND

Date  
of death

1906

Month

June

Day

25

Years

-

Months

-

Sex

Male

Color or  
Race

white

Birth-  
place

Grisfield Md

Occupation

-

Where Residing if not  
at place of death

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

Thomas Young

Father's  
Birthplace

Grisfield No

Mother's  
Maiden Name

Annady McDaolin

Mother's  
Birthplace

Grisfield Md

Name of person giving  
Information

Mother

How related  
to deceased

CAUSES OF DEATH

Primary

Premature birth

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W F Hall  
Grisfield Md

Accident or Suicide?

